



**Metayer Conservatory For the Arts**

Phone: (404) 491-9719

[MetayerCFA@gmail.com](mailto:MetayerCFA@gmail.com)

**AUDITION FORM**

**DATE:** \_\_\_\_\_

**A Non-refundable Fee of \$20 is payable upon completing this form. Make checks payable to: Metayer Conservatory for the Arts or MCFA**

Phone: (404) 491-9719

Email: [metayercfa@gmail.com](mailto:metayercfa@gmail.com)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Student's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name (or Guardian) Father's Name (or Guardian)

\_\_\_\_\_

Address if different from above:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

E-mail Address \_\_\_\_\_

**PREVIOUS DANCE TRAINING:**

School: \_\_\_\_\_ Years of Training: \_\_\_\_\_

**Liability Release Statement: Due to the nature of physical exercise and participation in activities sponsored by Metayer Conservatory For the Arts, we require that you complete and sign the attached permission and waiver of liability form for your child. If you have any questions concerning this form or participation in the class, please do not hesitate to contact me. I look forward to teaching your child.**

Parent/Guardian Signature \_\_\_\_\_